

Strategy Research Project

Current and Future Army Resiliency Programs

by

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United States Army War College
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USAWC STRATEGY RESEARCH PROJECT

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Abstract

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Soldier, family member, and Army resiliency is the cornerstone of future Army psychological health. Current resiliency is strong and growing stronger through the many programs and systems in the Army. Many of these were developed during the conflicts in Iraq and Afghanistan. This research paper reviews the existing programs and recommends continued support to the programs that have proven successful. In the end, the U.S. Army and its Soldiers and families deserve the best resiliency programs available, and the Army can continue to do this even in a financially challenged situation. The Army continues to move towards the social media environment with the Army OneSource program. Last, Army leaders must consider future resiliency programs as we rebuild informal resiliency programs if and when formal programs are discontinued with future fiscal constraints.

Current and Future Army Resiliency Programs

I think one of the most important things we want to do is to start thinking about how we build Soldier and family resilience.

—General Ray Odierno¹
Army Chief of Staff

Resiliency Concerns

The United States Army exists to protect this country, and our Soldiers, families, and Army civilians have never failed to answer the nation's call. Mission accomplishment is not enough. The Army faces a new challenge resulting from the decade of war and faced with persistent conflict in the future. We are not broken, yet the signs are evident that we must continue to focus on resiliency training in our Army at all levels and in every formation.

Doctors Karen Reivich and Andrew Shatte define resiliency as, "the ability to persevere and adapt when things go awry."² Senior Army leadership further defines resiliency to incorporate the five dimensions, "spiritual, physical, emotional, social and family."³ Increasing Soldier and family member resiliency impacts the Army's overall resiliency. Increasing the Army's organizational resiliency requires a holistic approach linking Soldiers, families, and the Army.

Resilience is a strategic issue for the Army. Medical care to Soldiers suffering psychological problems is a strain to overall readiness and impacts finite medical resources. The Army has obligations to families indirectly impacted by the combat deployments. The Army also has an obligation to our society to ensure Soldiers departing military service do so in a sound psychological state prepared to reintegrate back into civilian status.

There are a number of resiliency related behavioral concerns, and Post-Traumatic Stress Disorder (PTSD) and suicides remain two of the most critical. Equally important is our Army families. Thus, the Army Family Covenant is the commitment to them. This paper describes and evaluates the Army's current resiliency programs, and it recommends key changes to improve the current approach. It will also recommend an approach for leaders to build informal resiliency programs should the formal programs downsize or get eliminated.

The Army has made significant progress on PTSD and suicide programs. The families remain a top priority. Resiliency is the key for continued progress in these issues and is necessary in preparation for the unknown challenge that is certain to manifest itself at the most unexpected time.

Post-Traumatic Stress Disorder (PTSD)

PTSD is evident across the entire military, particularly in the Army, after the protracted campaigns in Iraq and Afghanistan. Through December 3, 2012 there have been 103,792 diagnosed cases stemming from service in Iraq and Afghanistan, across all military services.⁴ This is a clear challenge to the Army. PTSD impacts are evident in all five domains of resiliency. One challenge is to create resiliency and continue efforts to prevent PTSD. PTSD is an evolving medical challenge but we have a better understanding of what PTSD is and through a defined medical issue we can look apply current or new programs to build resiliency. PTSD is medically defined as “and individual having at least two outpatient visits or one or more hospitalizations at which PTSD was diagnosed.”⁵

Suicide

Suicide remains a concern to every leader, Soldier, and family member in the Army. Since World War II, the Army has maintained a historical suicide rate lower than the general U.S. population. Furthermore, the historical rates in the Army declined during war and conflicts since World War II.⁶ Resiliency is a counter to suicide and resiliency training programs are a direct counter to the suicide problem. Like PTSD, all domains of resiliency contribute to combating suicide. Our senior leaders are clear on suicide reduction and we must continue to meet the challenge. SMA Chandler stated, "Suicide is an enemy we have yet to defeat...Our ultimate goal is to change mindset across the force, build resilience, and strengthen life-coping skills."⁷ The prevention of suicide directly ties into Army and family resiliency.

Commitment to Army Families

A March, 2012 research project determined "approximately 900,000 children have had a parent deployed multiple times [to Iraq or Afghanistan]."⁸ These numbers highlight the scale of the impact of deployments on Army families. Lieutenant General Rick Lynch has stated, "Our Army is not going to break because of our Soldiers...but it might break because of the stress we're placing on their Families."⁹ Senior leaders recognize the compelling need for Army programs to support the families of Soldiers, the Army Family Covenant and the establishment of many Army programs for our families. The strength of our military families affects family members, soldiers and the units in which they serve. Ready families support ready Soldiers; yet military family programs are also part of the Army's responsibility to society, as a whole. Through resiliency training, families needing help become better at helping themselves; they learn about the Army support resources available to them, and they develop an

understanding of the portfolio of solutions available to them. The five domains of resiliency (Figure 1) are an integral part of family resiliency and are the adopted tenets of Comprehensive Soldier and Family Fitness (CSF2). Failure to support our families will lead to a loss of trust from key external stakeholders (the Congress and, most important, the American People). Therefore, building family resiliency is critical not only to sustaining the morale and readiness of the Army, but also to maintaining the institution's credibility.



Figure 1. Five Domains of Resiliency

In February, 2013 the Army published the third Comprehensive Soldier and Family Fitness Quarterly and highlighted the commitment to our Soldiers and families through the continued senior leader support, Master Resiliency Training program expansion, and a new program to provide training to our senior leaders through an executive training program.¹⁰

Resiliency Programs – Army, Soldier and Family

The Army has acknowledged PTSD, suicide, and resiliency challenges and has initiated programs to increase resiliency. Army awareness rose as the number of psychological problems increased.¹¹ Army leadership continues to encourage Soldiers to seek help. This leader emphasis fights stigma residing in our ranks and helps our Soldiers get proper medical attention.¹² The Soldier and family resiliency programs are

part of the Army Family Covenant and have made impacts on our Soldiers and their families.

Costs of war over the past decade

PTSD, suicide, related medical issues, and reduced resiliency in our families and Soldiers are products of a prolonged conflict. This is an impact across all of the military and our supporting civilian and contractor personnel. As the major contributor to the conflict, the Army has the greatest challenges due to the number of Soldiers who have deployed. The Army is a learning organization, but learning happens at the individual level. One of the leading teachers and proponents for organizational learning, Peter Senge, illustrates this point very well: “Organizations learn only through individuals who learn. Individual learning does not guarantee organizational learning. But without it no organizational learning occurs.”¹³

As a learning organization, the Army confronted increasing psychological problems and developed programs to address them while focused on the conflicts in Iraq and Afghanistan. These wars have prompted the Army to build Soldier and Family resiliency in three key areas.

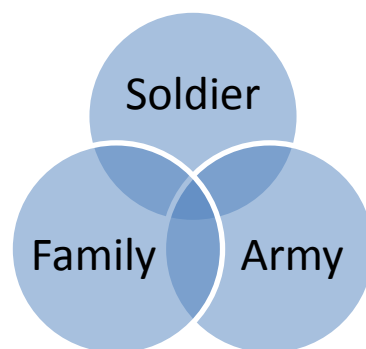


Figure 2. Three Primary Facets of Resiliency

The three primary facets of resiliency in our Army reside in the above categories in figure 2. The Army as an organization has a resilience level and resilience programs. The Soldiers have a level and there are associated programs. Last, there is a resiliency inherent to our Army families and programs are in place to develop and maintain family resiliency.

Army Resiliency Programs

The Army has focused on the reintegration of the Soldier with his or her family and with society. The return from a combat deployment is a critical time. During the first one to three years of the conflicts in Iraq and Afghanistan, the return focused on getting the Soldiers to their families and providing time off duty. However, leaders observed behavioral and family problems in many recently returned soldiers, with an impact to overall unit effectiveness. The Army learned that the return home was not only a time for joyous reunions with family and friends; it was also fraught with risk for Soldiers and their families. In response, the Army implemented mental health assessments prior to redeployment and within a short time after redeployment.¹⁴ These assessments, coupled with the Global Assessment Tool, provide mental health providers and leaders with a comprehensive assessment that is intended to help them anticipate problems and intervene before serious problems develop.¹⁵ The Army continues to pursue research on the effects of deployments on Soldiers' families, and the difficulties of reintegration of the returned Soldier with the family. Army OneSource has been the central programmatic response.

With significant command emphasis, the Army OneSource program is directly supervised by the commander of the United States Installation Management Command (IMCOM). At a change of command ceremony in 2011, the Army Chief of Staff recognized IMCOM for the accomplishments in serving our military families.¹⁶ IMCOM

sponsors numerous programs through the Army OneSource program and integrates the programs across all Army installations across the world.¹⁷

The Army has focused on a second key area for building resiliency: limiting and overcoming the isolation of military families and Soldiers. This is primarily a problem in the active duty Army, since the Army is concentrated in military communities on and off base at our military forts, whereas the reserve component generally mobilizes and deploys from a home town or an area where families and extended families are present. The average active duty Army military family is distant from traditional extended family support mechanisms. The Army community works to support the families, primarily through mutual support networks of families in similar situations, but the fact of isolation remains. Studies of military families have shown that civilian spouses often face stress demands that equal (and occasionally exceed) those of their active duty partners.¹⁸ For example, sources of stress include time available for a spouse to do routine tasks normally completed by their Soldier such as changing the oil in a car. Also, many young Army families have young children and finding free time for shopping or a chance to get some exercise is hard with a deployed spouse. Finally, the lack of companionship and inability to share stress (or joy) at home may increase separation anxiety. The Army has learned through these challenging times and has expanded the resources provided to our families. The high tempo of deployments has further isolated the families, as reductions in the time between moving to an installation and the next deployment make it more difficult for families to integrate into the informal "Army Family." After the Soldier has deployed, the families are often consumed in day to day activities with little free time to get to know other families. These problems suggest that any family resiliency

program must build on mutually supporting interventions with individual soldiers, their families, and Army organizations. In other words, resiliency is built through strengthening ties between key groups. In the discussion of recommendations, the paper will return to this idea.

The past decade has put the Army under tremendous organizational pressure. The casualties from both Iraq and Afghanistan are the most acute source of organizational stress, with 4,475 deaths in Iraq and 2,165 in Afghanistan, and total wounded exceeding 50,000. Casualties in military organizations create fear throughout the unit's families back home. Soldiers forward in the combat zone also have stress from personal fear and feel responsible for their family's stress back home. As an Army, organizational stress arises from the unit's requirements to take care of families (providing casualty assistance) back home while nearly all of the leaders are deployed. The Army and the entire military may not recover quickly.¹⁹

Organizational resilience depends on resilience at the individual and group levels. The Army will learn and deal with the stress of the conflicts only insofar as Soldiers and family members do so. Collaborative learning has been top-down driven through programs such as the Center for Army Lessons Learned (CALL) and the Battle Command Knowledge System (BCKS).²⁰ Through these programs, the Army gathers input from Soldiers at all levels of command, analyzes the data to determine best practices, and disseminates findings throughout the organization. While these programs have focused on improving combat effectiveness, the principle of learning upon which they are built is a model that can be applied to other organizational objectives, including building Soldier, family, and organizational resilience.

Organizational and individual stress also creates opportunities. Programs such as *companycommand.com* and *platoonleader.com* demonstrate that the Army develops programs as a result of an unplanned or informal process.²¹ These forums encourage users to share insights and offer lessons learned.²² In these examples, the junior leaders did not have confidence in the formal Army process to share information. This concern led to informal systems which were accepted by the Army as an institutional system.

The Army's final area of emphasis is the relatively new Master Resiliency Training (MRT) program developed between the Army and the University of Penn. This program started in 2009 as part of the larger Comprehensive Soldier Fitness program and continues today to train noncommissioned officers as resiliency trainers.²³ The 10-day course is aimed at junior and mid-level leaders. This applies to an overall Army training methodology and as it becomes inculcated into Army culture and norms MRT will become a topic within our formal officer and noncommissioned officer professional development programs. To get this resilience training into the entire Army, Brigadier General Cornum states "the best way to train someone is at the junior level."²⁴ The study of resiliency at the University of Pennsylvania began in the 1970s. The Penn Resiliency Program (PRP) became a formal program in 2002 and is the basis for the Army's MRT at the university.²⁵ Further, the Army targeted drill and platoon sergeants from across the Army as the first population to get training.²⁶ The goal at the University of Penn to "provide NCOs with the background and skills they need to teach critical resilience techniques to their Soldiers."²⁷ MRT instruction develops a more resilient graduate and teaches the students to understand themselves.²⁸ Through an

understanding of how they personally become more resilient, they can take this understanding with them to the Soldiers in the Army. Graduates of the program depart with a MRT “tool bag” of teaching materials. The materials inform leaders in the Army units about the MRT program, and recommend techniques for including the MRT certified NCO in training programs. The MRT trainer also has enough material to train 11 individual core blocks of instruction.²⁹

Soldier Resiliency Programs

CSF2 is the direct descendant of the original CSF and is the program that is most directly attributed to the individual Soldier. The CSF2 program aimed directly at the Soldier includes the Global Assessment Tool (GAT) and the subsequent psychological training and/or care provided to Soldiers. The GAT measures a Soldier’s psychological health, and is annually administered to every Soldier.³⁰ The results are confidential and compiled to show individuals where they rank amongst all those tested. As of 2012, the GAT was administered over 2.1 million times, to 1.5 million distinct subjects.³¹ The results inform Soldiers where they rank amongst other participants. The CSF2 website also includes online training modules designed to increase individual resiliency. The success of these modules includes some debate (covered later in an assessment reviewing the negative opinions regarding Resiliency Training), but the Army’s independent study states that it is currently successful.³² Specifically, the Army study observed attrition from basic training was 3 times higher for Soldiers in the bottom 10% compared to those in the top 90% of GAT scoring.³³ Outside of the Army, the majority of comments on the GAT program are positive with many experts stating that more time is needed to fully determine the effectiveness.³⁴ Soldiers who complete the GAT and have scores or answers that indicate they need a referral for help from a care provider have

the information at hand to seek help. Release of the GAT scores is a personal decision and Soldiers always have the resources such as their chain of command, unit chaplain, unit medical doctors, or the military crisis phone numbers provided on the same website as the GAT is administered from. Thus, the GAT is an assessment tool that also provides Soldiers with information and an option if they feel they need the help.

Family Resiliency Programs

When the Army implemented CSF the family was part of the program but it centered on the Soldier. GEN Casey, then the Army Chief of Staff, stated “The CSF program will serve as the primary vehicle for developing psychologically resilient Soldiers, family members, and Army civilians.”³⁵ Just as figure 2 illustrates, the family is linked to the overall resiliency program and has an impact on the Soldiers and Army as a whole. The primary Family programs are all part of or directly related to the Army as a whole and are tied to the Army’s Army Community Service (ACS) office on every installation. The ACS program was officially implemented on July 27, 1965 during the Vietnam War.³⁶ Since that time, ACS has become the conduit for programs designed to assist military families. Programs such as the Army Family Advocacy Program (FAP) and Military and Family Life Counseling (MFLC) are independent programs managed through ACS. To support the families and Soldiers, ACS programs are easy to access through the Military OneSource internet website.³⁷ The statement upfront on the Army OneSource website for FAP states, “The Army Family Action Plan (AFAP) is input from the people of the Army to Army leadership.”³⁸ Over the past 28 years, FAP has supported the military and military families.³⁹ AFAP is a longstanding program and will continue for many years to provide medical care to families.

Another recent program is the MFLC program. This program is a non-medical counseling program established through short term contracts employing civilian counselors.⁴⁰ The MFLC program is designed to increase resiliency in military families and Soldiers. As General Casey stated, families are a priority and the MFLC program provides contracted support to them “utilized on installations for up to 180 days.”⁴¹ The MFLC program differs from the traditional programs such as FAP by placing counselors amongst the Soldiers and families and not requiring a medical appointment or referral to meet with a provider. In fact, the MFLC care is confidential and provides Soldiers and families a means for help outside the traditional medical channels. Even with considerable command influence to reduce stigma, the Army’s Military Health Advisory Team 6 reported in 2009 to the Army Chief of Staff that over 50% of Soldiers felt they would be seen as weak if they went for help.⁴² The MFLC program reaches families in non-traditional methods and counters the stigma dynamic. Traditional methods rely on the Soldiers or the family members to seek psychological help at a medical facility or at the Army Community Service center. At a minimum, the family member is required to contact medical personnel telephonically or over the internet. The MFLC program changes this dynamic, and judging by the results we were missing family members who needed help. The MFLC personnel mingle with family members, Soldiers, and even children at military and public schools.⁴³ MFLC personnel provide counseling sessions and refer individuals on a case-by-case basis. The counselors work with unit or installation providers to ensure care is provided by other medical providers if the issues are beyond their personal scope.⁴⁴

The Army is not the only service working on resiliency concerns for military families. The US Navy's Bureau of Medicine and Surgery developed a program with the University of California, Los Angeles (UCLA), titled Family OverComing Under Stress (FOCUS).⁴⁵ The program centers on the families and particularly the children of deployed military families. The program includes a question and answer system similar to the Army's GAT but is family oriented. FOCUS is positioned in family friendly centers such as chapels and base shopping centers.⁴⁶

Resiliency Program Analysis

Our leaders know we must do more. As General Casey admitted in an article written in support of the Comprehensive Soldier Fitness (CSF) program, the Army acknowledges the stress and strain from a decade of protracted war.⁴⁷ Although it is impossible for every program to impact all aspects of the Army, Soldiers and families, the programs that link the groups to one another are far more effective. Conversely, the programs impacting any one group or portion of a group will be isolated and less effective.

Analysis of Army Programs

While some programs existed prior to the current wars, many were developed to focus on resiliency shortfalls. These programs expanded or changed as necessary with ample funding to take care of our Soldiers and families. As a learning organization, it is clear we must determine future requirements, prioritize assets, and maintain a resilient force. Figure 3 depicts the current programs and illustrates the interaction and potential links.

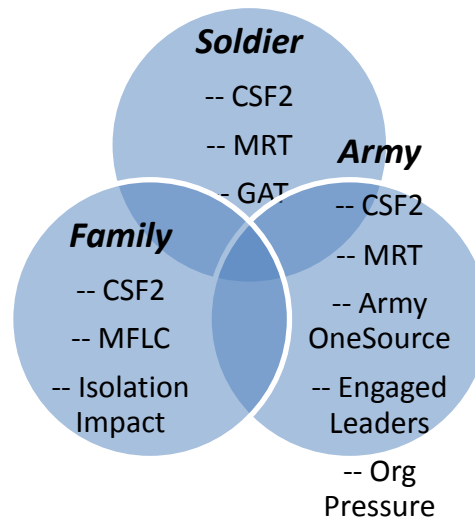


Figure 3. Three Primary Resiliency Focus Groups in the Army

The three primary resiliency focus groups in the Army. The programs discussed throughout this research paper are included. It is the convergence of the programs and interaction of the people involved providing synergy that results in the overall increase of resilience in our Army, Soldiers, and families.

Nineteen separate studies analyzed the PRP program, finding that program participants suffered from fewer depression and anxiety problems, and that these benefits persisted up to two years after the program.⁴⁸ The MRT program has started from a solid position by modifying the PRP curriculum, but the effectiveness is to be determined after more time. On a promising note, there is anecdotal evidence from our Soldiers that this is a strong program.⁴⁹ The Walter Reed Institute of Research has an ongoing study by their Research Transition Office to provide feedback to the unit commands. These on-site visits and evaluation provide feedback directly to unit commanders and also back to Walter Reed. As of February, 2013, the feedback is largely positive with many variations of actual training observed.⁵⁰ As with any training program, the individual conducting the training and the support from the local chain of command is critically important. One of the most prominent MRT and CSF critics is Dr.

Roy Eidelson. He states, “it is simply wrong at this point to present CSF as part of a solution, because to date there is no solid empirical evidence demonstrating that the program accomplishes any of these lofty goals.”⁵¹ The author contends that without a long term study it is impossible to predict second and third order effects that may be negative for the individual Soldiers and the Army as an organization. Eidelson concludes with a call for the American Psychological Association to reconsider the current support for the Army’s program.⁵²

The formal evaluation as well as the critique are important and deserve attention and further analysis. But the recent expansion of MRT to families links the families to the Army and is a promising aspect of MRT. Stephanie Mello at Fort Hood, TX is an excellent example. An ACS employee who works with Army families every day, she states, “[MRT] is designed so that when Soldiers start practicing their resiliency skills, families have the same tools to practice with them.”⁵³ Training family members the same skills as taught to their Soldiers is an investment in the future.

A non-military assessment of the way ahead comes from the University of Pennsylvania stating that “[MRT] is the backbone of a cultural transformation of the U.S. Army in which a psychologically fit Army will have equal standing with a physically fit Army.”⁵⁴ The Army must prioritize the development and use of MRT centers in Training and Doctrine Command.⁵⁵

The Army program to reintegrate Soldiers with families on redeployment has evolved over time and currently works very well. The integrated efforts among Rear Detachment leadership, Family Readiness Support Advisors, Family Readiness Group (FRG) leaders, and the MFLC(s) ensure that the individual resilience building efforts are

complementary and the FRSA interaction in particular links the families to the units. Both the FRSA and MFLC roles are also a negative, for in the upcoming austere budgets these contracted counselors may not be available. This will limit the link between the families and the organization. Leaders must identify this shortcoming early and direct Rear Detachment and FRG leadership to work with the unit chaplains and leaders and keep families informed and engaged.

The Army's BCKS and CALL programs are the formal equivalent of the *companycommand.com* and *platoonleader.com* collaborative websites sharing information. The informal programs are superb at linking the leaders and the formal programs struggle. The formal programs are normally classified and this alone creates challenges on return to the United States.

Programs focused on organizational stress stem primarily from casualty operations. The primary resiliency program is the information dissemination and handling of sensitive casualty information in the proper manner. Rear Detachment, deployed unit leadership, and the unit FRG leaders are linked by position and seniority. The positive aspect is these parties are all senior and normally seasoned individuals. The key challenge is the leaders must conduct an honest appraisal and determine if the volunteer leaders are ready for the task. Many of our volunteer leaders are in the second or third deployment and are mentally exhausted from casualty notification responsibilities.

Finally, the Army OneSource program continues to link Soldiers, families and the Army through a friendly social media site particularly suited for the Army's younger generations. This information source can provide answers to almost any deployment

related question. As a backup measure, the Army Family Team Building (AFTB) program provides traditional classroom instruction often led by volunteers.

Analysis of Soldier Programs

Upon launching the original CSF program in 2009, the program director stated, “[The program] is intended for the Army to look at psychological health and fitness historically, the same way the Army has looked at physical health.”⁵⁶ Two years later, with an immense database from the over 1.5 million GAT users, the Army has a tool available for psychological screening. The report states, “[the] GAT is in fact measuring psychological assets that relate to success or failure in the military.”⁵⁷ The Army’s psychological tools such as GAT inform Soldiers their individual level of resiliency. The Army leaders must leverage the GAT and other assessments through an information campaign encouraging Soldiers to use the programs for their personal gain and benefit. In short, leaders must approach resiliency from numerous angles. Leaders should inform the family members of the resources available to gain resiliency. Often it is more effective to convince a Soldier’s spouse to put pressure on the Soldier to get him or her to take personal action for their own health.

A recent study conducted by the army over a 15-month period combines the GAT testing with MRT availability. Eight BCTs were studied with four receiving MRT support and four did not. The 4 brigades with MRT support scored higher on GAT testing than did the other four.⁵⁸ The long term effects of the GAT and the overall impact of CSF2 on individual Soldiers is to be determined. Only time will allow for an extensive study, but these resiliency tools are available now. Regardless of the findings, it is in the best interest for leaders to set the organizational tone encouraging Soldiers to seek resilience training.

Analysis of Family Programs

The former Army director for Comprehensive Soldier Fitness states, “As resources dwindle, greater reliance must be placed on using the behavioral sciences...to place a spotlight on where efficiencies exist and where the services might get their greatest return.”⁵⁹ Further, the US Navy’s program reports that “sustained military engagements put unparalleled demands on service members and their families.”⁶⁰ These two observations come from different services but confirm Army leaders have upcoming family resilience challenges.

Specifically, the programs all cost money, and leaders must strive to get the most efficient training available. In today’s era of becoming more integrated as a Joint Force, we should consider a combined solution. In fact, the Army has already trained Navy, Air Force, and Marine Corps personnel as MRT facilitators.⁶¹ The Army can cut significant costs by opening training at local installations to family members.

One program that provides a unique and high quality service is the MFLC program. The Army coordinated a study by Virginia Tech and found that 98% of those interviewed found the MFLC counseling program effective.⁶² Additionally, overall Army counseling from non-medical care providers has increased from 10% to 35% since 2003.⁶³ The costs will make this program a hard choice but leaders must consider the unique service that truly links families to the Army. MFLC providers are empowered to work amongst civilian and military and this service is not available with our military doctors. The gain in resiliency stems from family members and Soldiers having the option to receive help for themselves or one another with no military medicine involvement.

The Navy's FOCUS program studied 488 families between 2008 and 2010. As expected, "parents and children participating in FOCUS demonstrated significant improvement in emotional and behavioral adjustment."⁶⁴ The Navy observed a resiliency improvement in their study, and these lessons learned should be studied for potential addition to Army programs.

Analysis of Future Army Resiliency Programs

The deployments to Iraq have decreased to one or two Army brigades in Kuwait, and the Afghanistan deployments should end in 2014. In the next year or two, many resiliency programs will decrease in resources and some will be discontinued. Even the current programs have gaps and the Army misses communicating with some family members. Many upcoming events will increase these gaps and there is one feasible solution – our Army leaders and volunteers must take the lead.

The sudden shift away from deploying to and from combat operations reintroduces the garrison battle rhythm. Are we ready? Many junior leaders look forward to this change but they have little to no real experience at training the force while based in garrison. Training management is a critical skill we must reintroduce, and this author is confident our units are doing this very thing across the Army. As our junior leaders focus on training events, mission essential tasks will be the top priority. This natural focus sets conditions for a loss of leader focus on resiliency training in the Army for our Soldiers and families.

Leaders must have the vision to set conditions minimizing this effect. Soldier resiliency programs will remain available even at a minimum degree. The GAT and routine medical programs accomplish many of the resiliency requirements. Furthermore, Army units have chaplains and psychologists assigned at the battalion and brigade

level, respectively. Cohesion is maintained by the very lifestyle and day to day activities as Soldiers.

The same is not true for our family members. The formal programs introduced by the Army over the past decade have both maintained family member resiliency and developed a generation of families accustomed to a robust supporting staff. In essence, the programs have eliminated the need for the communities to take up the slack. The units may not have a paid FRSA working administrative actions. Additionally, Army chaplains currently receive money through the Strong Bonds program and sponsor trips for Army couples to hotels on counseling retreats. This money may not be available. Army families currently receive free child care at most resiliency events, and families also receive free MWR activities when the unit is deploying or deployed. These programs could end soon. However, the requirement to train families to be resilient does not change.

Given the lack of funding, coupled with a change to garrison training schedules, the family resilience programs require a new methodology. It is this author's opinion that our leaders at battalion and brigade level must initially shoulder this responsibility. In the 1990's the Army families were resilient without many of the aforementioned programs, and we should revisit some of the more successful ones.

Similar to today's formal welcome briefing from a paid ACS coordinator, volunteer instructors held classes for new Army family members joining units to integrate them in the organization and also make them feel welcome. Oftentimes, these relationships build trust, establish a positive climate, demonstrate care, and foster teamwork. Leaders should also bring back unit esprit de corps activities such as formal

receptions, dining-ins, unit sporting events, and spouse's events. These activities all promote a resilient group and build individual confidence and trust between one another. For deployments in the future, leaders should consider adopt-a-platoon programs to encourage community support to our military.

Current leaders should also retain the proven current programs that are low cost and beneficial. Some examples are the current unit facebook accounts, twitter accounts, and electronic newsletters.

Army resiliency in the future hinges on leaders understanding the changing environment. Leaders should think outside the box to incorporate old and new techniques into resiliency programs. The fundamentals never change – the manner of the training changes.

Conclusion

The Army has numerous programs and resources dedicated to Army, Soldier, and family member resiliency. The Army has expanded services over the past decade providing resiliency training. Success is integrating the physical, spiritual, emotional, social, and family components of resiliency into a sustainable program. To reach this holistic approach, we must inculcate resilience in our culture, environment, and physical design. Programs linking the families, Soldiers and the Army achieve greater success and have a greater impact.

The Army's culture has changed over the past decade. While we still have stigma challenges, continued leader emphasis will minimize it. The increase of GAT participation and the acceptance of the GAT training modules will increase resiliency. The Army is doing this and our culture will evolve. The Army's environment is changing with less financial resources available to us. The civilians and family members selected

for MRT certification are now training other family members and civilians at our military installations.⁶⁵ This combination of how we teach and train resiliency, coupled with an ever-changing acceptance of resiliency training, will also increase overall Army resilience. The Army has also embraced the current generation by making these programs available through the internet. Social media is part of our way of life and the Army will simply reach many more young Soldiers and family members through the internet compared to the traditional visits to a building tucked away on a military installation. The Army has demonstrated it can change. This also sends a strong message to our younger generation to consider getting involved in the resiliency programs.

There is still room for improvement. The Army has concerns regarding psychological medical concerns due to the number of Soldiers engaged in military deployments in Iraq and Afghanistan. The 4,475 killed and 32,220 wounded in Iraq is a stark indicator that we have many continuing psychological concerns. As an Army we are still heavily committed to Afghanistan and our 2,165 killed and 18,230 wounded may increase prior to completing military operations.⁶⁶ Stigma reduction is a leadership challenge. Army leaders have proven over the past 10 years they are adaptable and mentally agile – is it too much to impart resilience into our formations and lift the stigma for getting help? Certainly not. Our senior leaders have charged leadership at all levels to do exactly this. The Chairman of the Joint Chiefs of Staff states “the commander must understand the problem, envision the end state, and visualize the nature and design of the operation.”⁶⁷ Leadership remains the key to our success and eventual increased resilience. Leaders will select who attends future training. Leaders integrate

and prioritize training. Leaders set the example in accepting resiliency programs and living a resilient lifestyle. This author is confident the Army has selected the right leaders and the Soldiers, families, and Army will grow together and become a more resilient United States Army.

Endnotes

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